

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015017

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 382

Primary Registration District No. 5345

Registrar's No. 8

FILED MAY 9 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chariton Twp.		Length of stay in lb 42 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 miles S. of Glasgow		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Melvin Middle Myrl Last Wells		4. DATE OF DEATH Month Apr. Day 24, Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 30, 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver		10b. KIND OF BUSINESS OR INDUSTRY Rock Quarry	11. BIRTHPLACE (City and state or country) Glasgow, Missouri
13a. FATHER'S NAME Early Wells		13b. MOTHER'S MAIDEN NAME Dollie Inman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Myrl Wells - R.R. 2 - Glasgow, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compound Fracture Skull DUE TO (c) Evisceration of Bowels		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Runaway Truck - jumped on fall harbor track	
20c. TIME OF INJURY Hour 10:53 a.m. 4-24-62 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rock Quarry	20f. CITY, TOWN, OR LOCATION 9 mi S. Glasgow
21. I attended the deceased from 4-24-62 to 4-24-62 and last saw him on 4-24-62 Death occurred at 11 am on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Washington M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-26-62	23c. NAME OF CEMETERY OR CREMATORY Washington Cemetery
24. FUNERAL DIRECTOR Friemonth-Funeral Service - Glasgow, Mo.		25. DATE RECD. BY LOCAL REG. 5-7-1962	26. REGISTRAR'S SIGNATURE Walker Audsley
22b. ADDRESS Fayette Mo		22c. DATE SIGNED 5-5-62	
23d. LOCATION (City, town, or county) Glasgow, Missouri			

APR 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. W. Friemont

Licensed Embalmer No. 3978

P. O. Address Lisagow, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.